UNITED
NATIONS

CRC

Convention on the
Rights of the Child

Distr.
GENERAL

CRC/C/28/Add.12
18 November 1998

Original: ENGLISH

COMMITTEE ON THE RIGHTS OF THE CHILD

CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION

Initial reports of States parties due in 1995

Addendum

MARSHALL ISLANDS

[18 March 1998]

GE.98-19687 (E)

CONTENTS

		Paragraphs	Page
I.	GENERAL MEASURES OF IMPLEMENTATION	1 - 8	5
II.	DEFINITION OF THE CHILD (art. 1)	9 - 26	6
III.	GENERAL PRINCIPLES	27 - 48	9
	A. Non-discrimination (art. 2)	27 - 36	9
	B. Best interests of the child (art. 3)	37 - 40	10
	C. The right to life, survival and development (art. 6)	41 - 44	10
	D. Respect for the views of the child (art. 12)	45 - 48	11
IV.	CIVIL RIGHTS AND FREEDOMS	49 - 61	11
	A. Name and nationality (art. 7)	49 - 50	11
	B. Preservation of identity (art. 7)	51	12
	C. Freedom of expression (art. 13)	52	12
	D. Access to appropriate information (art. 17)	53 - 55	12
	E. Freedom of thought, conscience and religion (art. 14)	56	13
	F. Freedom of association and of peaceful assembly (art. 15)	57 - 58	13
	G. Protection of privacy (art. 16)	59 - 60	13
	H. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (art. 37 (a))	61	14
V.	FAMILY ENVIRONMENT AND ALTERNATIVE CARE	62 - 88	14
	A. Parental guidance (art. 5)	62 - 64	14
	B. Parental responsibility (art. 18, paras. 1 and 2)	65 - 66	14
	C. Separation from parents (art. 9)	67 - 68	15
	D. Family reunification (art. 10)	69	15
	E. Recovery of maintenance for the child (art. 27, para. 4)	70 - 72	15
	F. Children deprived of a family environment (art. 20)	73	16
	G. Adoption (art. 21)	74 - 76	16
	H. Illicit transfer and non-return (art. 11)	77	16
	I. Abuse and neglect (art. 19), including physical and psychological recovery and social reintegration (art. 39)	78 - 87	16
	J. Periodic review of placement (art. 25)	88	18

CONTENTS (continued)

		Paragraphs	Page
VI.	BASIC HEALTH AND WELFARE	89 - 163	18
	A. Survival and development	89 - 94	18
	B. Disabled children	95 - 103	19
	C. Health and health services	104 - 149	21
	D. Harmful traditional practices	150	27
	E. Social security/child-care services and facilities	151 - 156	27
	F. Standard of living	157 - 163	28
VII.	EDUCATION, LEISURE AND CULTURAL ACTIVITIES	164 - 194	30
	A. Education	164 - 183	30
	1. Elementary education	168 - 175	31
	2. Secondary education	176 - 183	32
	B. Handicapped students	184 - 190	33
	C. Leisure and recreation	191 - 193	34
	D. Cultural activities	194	35
VIII.	SPECIAL PROTECTION MEASURES	195 - 208	35
	A. Children in situations of emergency	195 - 196	35
	1. Refugee children (art. 22)	195	35
	2. Children in armed conflict (art. 38), including physical and psychological recovery and social reintegration (art. 39)	196	35
	B. Children in conflict with the law	197 - 203	35
	1. Administration of juvenile justice (art. 40)	197 - 199	35
	2. Children deprived of liberty	200	36
	3. Sentencing of juveniles	201	36
	4. Physical and psychological recovery and reintegration	202 - 203	36
	C. Children in situations of exploitation (art. 39)	204 - 207	36
	1. Economic exploitation, including child labour (art. 32)	204	36
	2. Drug abuse (art. 33)	205	36

CONTENTS (continued)

	Paragraphs	Page
3. Sexual exploitation/sexual abuse (art. 34)	206	37
4. Sale, trafficking and abduction of children (art. 35)	207	37
D. Children belonging to a minority or an indigenous group (art. 30)	208	37

Attachments*

Maps of the Marshall Islands (courtesy of the Bank of Hawaii)

Bill of Rights

Domestic Relations Act

Child Abuse and Neglect Act

Juvenile Procedure Act

Births, Deaths and Marriages Registration Act 1998

Education Act

Census of Population and Housing, 1988

Marshall Islands Statistical Abstract 1993 and 1994

November-December 1994 Fertility and Family Planning Survey

---

* Available for consultation in the files of the Secretariat.

I. GENERAL MEASURES OF IMPLEMENTATION

Measures taken to harmonize national law and policy with the provisions of the Convention

1. The Government has not taken specific measures to harmonize national law with the Convention. However, with few exceptions, the laws and policies of the Marshall Islands are consistent with the Convention's provisions. Those areas where the national laws of the Marshall Islands need improvement include laws regarding child labour, sexual consent and marriage, and the naming of the natural father of a child born out of wedlock. These matters are discussed below.

Existing or planned mechanisms at the national or local level for coordinating policies relating to children and for monitoring the implementation of the Convention

2. In 1991, a National Nutrition Survey quantified the extent of malnutrition in the Marshall Islands, especially among children. Results of the survey are set forth in section VI.C of this Report. In response to the survey and the findings of the Situation Analysis of the Marshallese Child, the President and Cabinet in August 1991 established the National Nutrition and Children's Council (NNCC). Membership in the NNCC includes senior members of the Public Service, representatives from the Majuro and Kwajalein local governments, and representatives of non-governmental organizations (NGOs), including women's and business groups.

3. In addition to developing and implementing a nutrition policy, the mandated functions of the NNCC include (a) developing and recommending policies, programmes and projects consistent with the Convention on the Rights of the Child; and (b) assisting the Cabinet in coordinating, implementing, and monitoring activities related to the improvement of the status of the Marshallese child.

4. Since October 1992, UNICEF has provided a nutritionist to the Government to assist the NNCC and to assist in the development of a national food and nutrition policy. While work on the food and nutrition policy continues, the NNCC has completed and is preparing to implement a national breastfeeding policy.

5. With respect to the Convention on the Rights of the Child, the NNCC has been the moving force behind the preparation of this report. Those departments contributing most to the report were the Ministry of Health and Environment, the Ministry of Education, the Ministry of Social Services, and the Office of Planning and Statistics. Significant contributions also were made by the Office of the Public Defender, the Ministry of Internal and Outer Island Affairs, the Ministry of Resources and Development, the Council of Churches, the College of the Marshall Islands, and the Government's Prosecutors. Over a four-month period, UNICEF funded a private attorney to assist the Office of the Attorney-General to draft the legal provisions of the report and to compile and edit material submitted by the government departments. In respect to the Convention, the NNCC also is in the process of formulating recommendations to the Cabinet to advance the rights of children.

Measures taken or foreseen to make the principles of the Convention widely known to adults and children

6. In January 1996, the Ministry of Education will begin publicizing the right of children to education and what education should do for children. In 1997, the Ministry will supplement its publicity campaign with an outreach programme to inform parents how well the public schools in their communities are performing relative to the published curriculum and relative to other schools.

7. For its part, the Human Services Division of the Ministry of Health and Environment has initiated programmes to educate communities about child abuse and the right of children to protection. These programmes will be discussed in section VI of this report.

Measures taken or foreseen to make the reports on implementation of the Convention available to the public at large

8. NNCC shall make the report available to the public and solicit comments for consideration and incorporation into future reports.

II. DEFINITION OF THE CHILD (art. 1)

9. Majority. The Domestic Relations Act, section 107, sets the age of majority in the Marshall Islands at 18 years.

10. Legal or medical counselling without parental consent. The Marshall Islands does not have laws setting an age at which children can obtain legal or medical counselling without parental consent. However, as a matter of practice, older teenagers can obtain medical and contraceptive counselling from the Ministry of Health and Environment without parental consent. Also, the public high schools provide medical and contraceptive counselling to their students without parental consent.

11. Compulsory education. Under the Education Act 1991, section 320, attendance at a public or non-public school is required of all children between the ages of 6 and 14, or until graduation from primary school (i.e. the eight grade). In 1992, 78 per cent of the elementary school-aged children attended school.

12. Employment. Marshall Islands labour laws do not regulate the employment of children. Other than establishing a minimum wage of $2.00 per hour, the labour laws only control and limit the use of non-resident (i.e. alien) workers. In 1983, the Nitijela enacted the Labour (Minimum Conditions) Inquiry Act 1983, with a Board to examine conditions of labour; however, to date the Board has not reported its findings.

13. Sexual consent. The law on sexual consent is not clear. Under the Births, Deaths and Marriages Registration Act 1988, section 428, a girl between the ages of 16 and 18 may, with the consent of her parents, marry. However, under the Child Abuse and Neglect Act, section 502 (b), sexual contact with a person under the age of 18 is child abuse, a crime. At any rate, neither law is closely followed. Sexual activity among the youth is high and prosecutions for consensual sex with minors are very rare. The 1988 census showed that the number of children between the ages of 10 and 14

who were married (living together in consensual unions) was 24, 7 boys and 17 girls. The number of children between the ages of 15 and 19 who were married was 590, 145 boys and 445 girls. Notwithstanding the high rate of sexual activity, the Office of the Attorney-General reports that over the past three years, there have been only seven cases of sexual contact with minors reported to the police. Charges were filed and convictions obtained in all of these cases. Four of the defendants were sentenced to jail.

14. Marriage. Under the Births, Deaths and Marriages Registration Act 1988, to contract a valid marriage the male must not be less than 18 years of age and the female not less than 16 years of age. Where the female is at least 16 years of age but less than 18 years of age, one of her parents or guardians must consent to her marriage. The different minimum marriage age for men and women reflects perceived differences in physiological and psychological development between males and females. However, as noted above, the law regarding the minimum age for marriage is often ignored.

15. Voluntary enlistment in the armed forces. The Marshall Islands does not have a military. The only armed forces are the national and local police forces, and only the sea patrol division regularly carries firearms when it goes on patrol. To be a police officer one must be 18 years of age. Although the Marshall Islands does not have a military, Marshallese citizens who qualify may volunteer to serve in the United States Armed Forces. Volunteers must be 17 years of age.

16. Conscription into the armed forces. As noted above, the Marshall Islands does not have a military and Marshallese are not subject to conscription into the United States Armed Forces.

17. Voluntarily giving testimony in court. The competency of a child to give testimony in court is governed by the Evidence Act of 1989, rule 601. Under rule 601, every person (including a child) is competent to be a witness, unless the court finds are questioning that he or she does not have sufficient physical or mental capacity or sense of obligation to testify truthfully and understandably. An exception to the general rule is the treatment of confidential parent-child communications under rule 502 (e). Confidential communications between a parent and child during the parent-child relationship are privileged and either can oppose compelled disclosure. The privilege is not applicable to civil suits between the parent and child. Moreover, in criminal proceedings against a parent or child for crimes against the other, or another parent or child, testimony may not be compelled but may be volunteered.

18. Criminal liability. Under the Juvenile Procedure Act, sections 303 and 304, a person under 18 years of age who violates the law may be adjudged to be a delinquent child. However, an adjudication of delinquency does not constitute a criminal conviction.

19. Pursuant to the Criminal Code, section 107, children under the age of 10 years are conclusively presumed to be incapable of committing any crime; and children between the ages of 10 and 14 years are conclusively presumed to be incapable of committing any crime, except crimes of murder and rape. In murder and rape cases, the presumption is rebuttable.

20. The Juvenile Procedure Act also provides that an offender 16 years of age or older may be treated as an adult if, in the opinion of the court, his physical and mental maturity so justifies. According to the Office of the Attorney-General, during the past three years 11 boys between the ages of 16 and 18 were treated as adults; last year only one. These cases involved serious assaults.

21. Deprivation of liberty; imprisonment. Pursuant to the Juvenile Procedure Act, sections 303 and 307, a person who is adjudged to be a delinquent may be confined in such a place, under such conditions, and for such period as the court deems in the best interests of the child's requirements. However, such confinement cannot exceed the period for which he might have been confined if he were an adult. Where possible, the delinquent child is to be detained apart from adults and, where appropriate, the delinquent child is to be released into the custody of parents.

22. In cases involving first-time offenders and where no grievous bodily harm was caused, the court will place the child on probation under the custody of a parent or other adult. During the probation, the court will impose conditions on the child and the custodial parent. Such conditions may include community service, abstention from alcohol and other controlled substances and payment of restitution or fines. Most probations are for three years. Occasionally, the court, at the request of the parents, will sentence the child to stay with relatives on outer islands that have no alcohol.

23. In cases involving repeat offenders and grievous bodily harm, the court will order the child into police custody. The Public Defender reports that in recent years the longest jail term for a juvenile delinquent has been 10 months, although juveniles tried as adults receive longer sentences. When a juvenile is sentenced to police custody, the court will order that he be held apart from adult prisoners. Unfortunately, the Republic has no separate juvenile detention facilities so juvenile offenders interact with adult prisoners.

24. With respect to incarceration and punishment, children also benefit from article II, section 6, of the Constitution which provides (a) that no crime may be punished by death and (b) that no person under the age of 18 can be imprisoned at hard labour.

25. Consumption of alcohol or other controlled substances. Under the Alcoholic Restriction Act of 1994, no person under 21 years of age may purchase, consume, drink or possess alcoholic beverages. Further, no person under the age of 21 may enter or remain in any bar. Also, under the Sale of Tobacco to Minors Act, selling cigarettes and tobacco products to children is a crime.

26. Notwithstanding the laws, the Office of the Public Defender reports that over the past three years, approximately 95 per cent of the 200 juvenile cases involved alcohol and cigarettes. Juveniles were either under the influence of alcohol or committed break-ins to get alcohol and cigarettes or money and property with which to buy alcohol and cigarettes. In the view of the Public Defender and the prosecutors, the abuse of alcohol by minors is a serious problem that is not being adequately addressed. Enforcement of the laws is lacking and parental control is absent.

III. GENERAL PRINCIPLES

A. Non-discrimination (art. 2)

27. Article II, section 12, of the Constitution declares that all persons are equal under the law and are entitled to the equal protection of the laws. Moreover, no law and no executive or judicial action may discriminate against any person on the basis of gender, race, colour, language, religion, political or other opinion, national or social origin, place of birth, family status or descent.

28. This right, as well as the others set forth in the Bill of Rights, may be invoked in court either as a defence or as the basis of a claim for relief. To date, however, the rights of children to equal protection have not been an issue and no court action has been filed to enforce the right of children to equal protection.

29. Notwithstanding the above, it is generally believed that the children of traditional and political leaders receive preferences in getting jobs, scholarships and other government services. However, this preference is more a function of tradition than an intentional policy of the Government. Moreover, there does not appear to be any widespread discrimination against children because of their parents' political views or social status.

30. Minority and indigenous children. The vast majority of the Republic's population is made up of indigenous Marshallese (96.9 per cent). For this reason, the question of discrimination against children belonging to minorities or indigenous communities rarely arises.

31. Rural children. Since virtually all Marshallese have land rights in the outer islands and, since most people who live in the urban centres choose to register to vote from the outer islands, there is no discrimination against the rural communities or their children because they live in rural area. However, many government services are only available in the urban areas. This is a function of economics and demographics rather than a policy of discrimination. The remoteness and small populations of the outer islands are a major constraint to the extension of services to them. Money and services go to where the people are, the urban centres. The services the Government provides to outer island children will be explained below in section VI, "Basis health and welfare", and in section VII, "Education, leisure and cultural activities".

32. Refugee and asylum-seeking children. Because the Marshall Islands is distant from major land masses and countries engaged in war or civil strife, it does not have refugee or asylum-seeking children.

33. Girls. Although land is inherited through the mother, the Marshall Islands is traditionally a male-dominated society. To promote the political, economic, cultural and educational advancement of women and girls, the Cabinet in July 1995 adopted a national policy on women. Portions of the policy will be integrated into the Third Five-Year National Development Plan that covers the five-year period beginning October 1996. Some of the objectives of the policy are to make women aware of their legal rights, to increase awareness of domestic violence, to promote proper child support and to protect and clarify matrilineal land rights.

34. The Women's Services Division of the Ministry of Social Services has also been involved in awareness-raising training and workshops for women on Majuro, Ebeye and the outer islands (10 trainers and 33 trainees), advocacy in gender development (53 participants), home technology (28 participants) and income-generating activities. The Division is also planning a nationwide training programme on women's rights and confidence-building.

35. Disabled children. Measures taken for the benefit and advancement of disabled children are set forth in this report under sections VI and VII.

36. Disaggregation of data. Since the publication of its 1986 Statistical Abstract, the Office of Planning and Statistics has disaggregated data base upon sex, age and location. This disaggregation provides a statistical base for measuring compliance with the provisions of the Convention.

B. Best interest of the child (art. 3)

37. The "best interest of the Child" is the governing standard for the following institutional actions.

38. Detention. As noted in paragraph 21 of this report, the best interests of the child is the criterion for determining the conditions and length of confinement for juvenile delinquents.

39. Adoption. Under the Domestic Relations Act, section 122, the best interest of the child is the criterion for legal adoptions. The courts make comprehensive inquiries into the circumstances surrounding proposed adoptions to ensure that the best interests of the child are served.

40. Custody. The best interests of the child is also the criterion employed by the courts in awarding custody in separation and divorce proceedings.

C. The right to life, survival and development (art. 6)

41. There are provisions in the Constitution that recognize a person's right to life and that seek to ensure the development of all the people. These provisions, which are discussed below, apply to children as well as to adults.

42. Due process and prohibitions against cruel and unusual punishment. Under article II, section 4 (1), of the Constitution, no person shall be deprived of life, liberty or property without due process of law. Moreover, article II, section 6 (1), of the Constitution provides that no crime may be punished by death; no sentence of imprisonment at hard labour can be imposed on any person under 18 years of age; and no person shall be subject to cruel or unusual punishment.

43. During the 17-year history of the Marshall Islands Government, there have been no reported cases involving children where these rights have been violated. There is, however, concern in the urban communities that police unnecessarily beat young men arrested for drunk and disorderly conduct.

44. Education and health. The development of children is constitutionally mandated by article II, section 15, of the Constitution which declares that the Government recognizes the right of the people to health care and education

and the obligation to take every step reasonable and necessary to provide such services. For a discussion of the educational and health services available to children, see sections VI and VII.

D. Respect for the views of the child (art. 12)

45. Under article II, section 1 (1), of the Constitution, every person, including a child, has the right to freedom of speech and of the press and to petition the Government for a redress of grievances. These rights are subject to reasonable restrictions to preserve public peace and order. To date, the Government has not had occasion to impose any such restrictions. Nor has the right of children to express themselves been an issue.

46. In school. For children, the rights of speech, press and petition are most commonly exercised within the school setting. One example is the local "Close-up Programme" where students from every high school convene in Majuro for workshops and meetings on civic affairs. Often meetings are held with senior government officials. At these meetings students are encouraged to express their views on topics of concern, e.g. the environment, population and education. Selected students from the Marshall Islands also participate in the "International Close-up Programme of Governmental Studies" sponsored by the United States. These students are able to travel to the United States and discuss their concerns with United States legislators. Students in both elementary and high schools are also encouraged to hold mock elections during the national elections and to discuss the issues current in the community.

47. In adoption proceedings. Under the Domestic Relations Act, sections 121 and 122, no legal adoption can be granted without the presence of the child in court and no legal adoption of a child over the age of 12 can be granted without his or her consent. The courts adhere to this law without exception.

48. In juvenile delinquency proceedings. Children who are brought before the court in delinquency proceedings are also given an opportunity to speak on their own behalf. However, as a rule juvenile offenders say little in court and let their attorneys do most of the talking. If a juvenile offender cannot afford an attorney, he or she can use the services of the Office of the Public Defender at no charge.

IV. CIVIL RIGHTS AND FREEDOMS

A. Name and nationality (art. 7)

49. The Marshallese are relatively informal about names. Most people have a formal first name, a nick-name, and as a family name the first or last name of their father or grandfather. Although virtually everyone receives their names shortly after birth, some people are called "Baby" well into adulthood. The spelling of names also varies. It is not unusual for the spelling of the person's name to differ on his birth certificate, social security records and driver's licence. Moreover, some people change the last name they use from time to time. Twins provide a good opportunity for imaginative naming, e.g. Coffee and Tea, Silver and Gold. Parents also give their children one name for both the first and last names, e.g. Alik Alik and John John.

50. Unlike names, citizenship is certain and lasting. Article XI, section 1, of the Constitution provides that a person is a citizen at birth

(a) if either parent is a citizen or (b) if the child is born in the Marshall Islands and at birth is not entitled to be or become a citizen of any other country. Also, the Citizenship Act 1984, section 403 (3), provides that parents can have their children naturalized as citizens when they themselves are naturalized. There has been only one court case where the citizenship of a child was at question. In that case the child was entitled to become a United States citizen.

B. Preservation of identity (art. 7)

51. The Births, Deaths and Marriages Registration Act 1988, sections 407-419, provides that each child born in the Marshall Islands is to be registered by the registrar of the atoll. It is the duty of the parents or, in their absence, other qualified informants to give the atoll registrar the particulars of the birth. Usually the informant is the mother. At the time of registration, the informant can request and obtain a certification of birth. The atoll registrars regularly forward the information they collect to the Majuro Office of Planning and Statistics of the Ministry of Health and Environment. This information is then passed on to the National Government's registrar. Violations of the registration law are punishable by fines not to exceed $500 or imprisonment not exceeding six months. The Ministry of Health and Environment estimates that approximately 80 per cent of the children born in the Marshall Islands are now being registered.

C. Freedom of expression (art. 13)

52. This topic has been covered under section III.D of this report, "Respect for the views of the child".

D. Access to appropriate information (art. 17)

53. The Ministry of Education prints in Marshallese and distributes to the elementary schools legends of the Marshall Islands and other Pacific islands. Many of these texts are used in language arts classes. The Ministry is also translating health materials into Marshallese for both the elementary and high schools. The texts include health workbooks for grades 1 through 12 and HIV(AIDS) textbooks for grades 3 through 12. Additionally, the Ministry of Education distributes to teachers, families and students handouts obtained from the Ministry of Health and Environment on health issues, e.g. vitamin A, AIDS and other sexually transmitted diseases, and family planning. All these handouts are written in Marshallese. Health educators also publish a monthly newsletter which is sent to teachers and parents. The reading level and subject matter are appropriate for children.

54. Youth to Youth in Health, an NGO serving youth and young adults (8-25 years of age), also has produced or performed skits, dramas, songs, dances, radio programmes, leaflets and posters to promote awareness of sexually transmitted diseases, teen pregnancy, suicide and women's issues. Over the past 10 years, these programmes have reached thousands of young people in the urban centres and on the outer islands. Youth to Youth in Health also conducts leadership seminars for adolescents and young adults (13-25 years of age) to assist them to develop a greater consciousness of health and environmental issues. To date, Youth to Youth in Health has trained over 230 peer educators through such efforts.

55. To promote the Marshallese language, the Marshallese Language Commission Office of the Ministry of Interior and Outer Island Affairs has produced books and other reading materials for use in the schools. These include books on proverbs, riddles, clans, canoes, legends, as well as a dictionary and textbooks on the alphabet, counting, reading and grammar. The College of the Marshall Islands also promotes the Marshallese language through a Marshallese Studies programme and instruction in Marshallese orthography.

E. Freedom of thought, conscience and religion (art. 14)

56. Article II, section 1, of the Constitution declares that every person has the right to freedom of thought, conscience and belief and to the free exercise of religion. Many Marshallese are Christians; however, there is no State religion or interference in the practice of religion. Most children follow the religion of their parents and Church-supported schools receive aid from the national and local governments on the same basis as other private schools. It is noted, however, that the Cabinet has at least on one occasion denied a non-profit corporate charter to a religious group.

F. Freedom of association and of peaceful assembly (art. 15)

57. Under article II, section 1, of the Constitution, every person - including a child - has the right to freedom of peaceful assembly and association. These rights are subject to reasonable restrictions to preserve public peace and order. The only restriction placed on children in Majuro and Ebeye is a 10.00 p.m. curfew during school days.

58. In addition to their participation in school and sporting activities, many children (particularly the older ones) congregate in the cool evening hours to bwebwenato (i.e. talk story). Some youth groups also meet during the weekday evenings to study the Bible and hold meetings on issues of concern. During the Christmas season, many children form dancing and singing groups called japetas that perform in the various churches. These children spend hours on end together practising their dances or "beats" as they call them.

G. Protection of privacy (art. 16)

59. Article II, section 13, of the Constitution guarantees the right to personal autonomy and privacy to all persons, including children. Only rarely are there cases where he right to privacy is at issue, i.e. libel cases and cases where the right to choose one's attorney is involved. In none of these cases have children been directly involved.

60. Because the Marshall Islands are very small and people live in close proximity to each other, it is the custom to respect the privacy of others. This cultural bias extends to the Government. Moreover, the Government does not maintain the institutions by which Governments commonly invade the privacy of their citizens. The Marshall Islands has no military; it has only a small police force with few operating vehicles or weapons.

H. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (art. 37 (a))

61. Constitutional protections against cruel and unusual punishment, including the death penalty and hard labour for children, are discussed in section III.C of this report. Statutory protections against abuse and neglect are discussed in section V.I.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

A. Parental guidance (art. 5)

62. As noted earlier, it is customary for Marshallese to live in extended family groups of three or more generations. In such settings, the mother is the primary care giver; however, in raising their children the parents are assisted by other family members (particularly females). Often grandparents will "adopt" grandchildren as their own and become the primary care givers while the natural parents may or may not remain in the household. These "customary adoptions" by family members are very common. Under such "adoptions" contact with the natural parents is not broken. If the "adopting" parents die before the child is an adult, the natural parents often will re-assume the role of parent.

63. Customarily, a child born out of wedlock is treated as any other child of the mother's family. Marshallese society places no stigma on such children. The only difference in their treatment is the placement of the name of the father on the birth certificate. If a child is born out of wedlock, both the natural mother and father must consent to placement of the father's name on the birth certificate. If such consent is not given, the father's name will be listed as "unknown". Paternity can, however, be established in the courts and support awarded.

64. The rights of the parents, and of the extended family, to raise their children in accordance with their customs and beliefs is protected by the right to privacy under article II, section 13, of the Constitution. Such rights have not been a matter of question.

B. Parental responsibility (art. 18, paras. 1 and 2)

65. Under the Juvenile Procedure Act, sections 308 and 309, the Government recognizes the right and responsibility of custodial parents or guardians to exercise parental control and authority over their children. Parents can be fined up to $100 and held liable for the damage done by their delinquent children, if the parents are found to have failed or neglected to subject their children to reasonable parental control and authority. According to the Office of the Attorney-General, only two parents have been fined for the delinquency of their children.

66. To assist parents in discharging their parental responsibilities, the Ministry of Health and Environment and the Ministry of Social Services offer various programmes and services. These include counselling and education on child care, parenting, family planning, nutrition, gardening, child abuse, alcohol abuse, suicide, sexually transmitted diseases, rape, mental illness and other matters. As appropriate, the counselling services are offered to children as well as parents. In addition, Youth to Youth in Health and the

Health Education Unit of the Ministry of Health and Environment have produced radio programmes that provide public education on family health issues. The remoteness and small populations of the outer islands make it difficult to extend and supervise such services outside of the urban centres. Less structured family counselling often is provided by the Churches.

C. Separation from parents (art. 9)

67. The separation of children from their parents (or extended family) has not been an issue in the Republic. Under the due process and privacy clauses of the Constitution, article II, sections 4 and 13, the right of children and parents to remain together is protected. The due process clause prohibits arbitrary State action and requires notice and an opportunity to be heard before an impartial tribunal. The privacy clause protects parents and children from unreasonable interference in personal choices that do not injure others and from unreasonable intrusions into their privacy.

68. Under the Domestic Relations Act, section 110, the courts make make custody and support orders within the context of divorce proceedings. It is the usual practice for non-custodial parents to have visitation rights. For the safety of the custodial parent and the children, the non-custodial parent can be ordered not to make contact with them. As a matter of practice, the courts base their custody and support decisions on the best interests of the child after an inquiry into the relevant facts.

D. Family reunification (art. 10)

69. As with the question of separation of children from their parents, family reunification has not been an issue. The Government does not, and has not, imposed restrictions on citizens leaving or entering the country for family reunification, or any other reason. Moreover, children who are aliens invariably arrive with their parents or guardians. As noted earlier, the Marshall Islands does not have refugee or asylum-seeking children whose presence would raise the issue of reunification.

E. Recovery of maintenance for the child (art. 27, para. 4)

70. When parents separate, it is customary for the children to remain with the mother's extended family (occasionally with the father's family). In such situations, the custodial family will support the child with or without assistance from the non-custodial parent. This is what occurs on the outer islands.

71. On Majuro and Ebeye, where many men work at salaried jobs, it is becoming common for a custodial mother to seek court-ordered support payments. As noted above in section V.C. of this report, the courts will issue orders for the support of minor children.

72. To enhance enforcement of support orders outside the Marshall Islands, the Government enforces (on a reciprocal basis) support orders issued by the states of the United States. Such enforcement cases, however, are few and usually involve a United States citizen seeking payments from another United States citizen.

F. Children deprived of a family environment (art. 20)

73. Given the extended family system, there are virtually no children deprived of a family environment. If for some reason a child should not, cannot, or merely does not live in the same household as its parents, the child can live with grandparents, aunts and uncles, or with the families of their friends. Occasionally, older children whose behaviour has alienated them from their families will live together without parental guidance, but this is a rare and temporary arrangement. There are no orphans or orphanages in the Marshall Islands. There are no street children. If children are neglected or abused, assistance is provided to them within the extended family setting. This matter will be discussed in more detail in section V.I. below and in section VI.

G. Adoption (art. 21)

74. The Domestic Relations Act, sections 119-123, provides for the legal adoption of children. All legal adoptions must be approved by the court after a hearing at which the child must be present. The criterion for approving an adoption is the "best interests of the child". Notice to, or the consent of the natural parents is required. Also, where the child is 12 years of age or older, the consent of the child is required.

75. Although Marshall Islands law does not require the courts to exercise greater scrutiny for intercountry adoptions, the courts as a rule examine such cases more closely. The courts routinely inquire into whether money has been paid for an adoption to assure that no "selling" of children occurs.

76. Notwithstanding the above statutory and judicial safeguards, there is concern in Majuro that children are being taken to the United States for adoption, rather than first being adopted in the Marshall Islands (where the rights of the natural parents can be protected). The frequency of this practice is not known.

H. Illicit transfer and non-return (art. 11)

77. There are no reported cases of the illicit transfer and non-return of children. If a person did illegally take a child, he or she would be subject to prosecution for kidnapping and to imprisonment for up to 10 years under the Criminal Code, section 135. Taking one's own child is not deemed to be kidnapping. However, if a non-custodial parent were to take a child from the court-ordered custodial parent, the non-custodial parent would be subject to criminal and civil contempt proceedings.

I. Abuse and neglect (art. 19), including physical and psychological recovery and social reintegration (art. 39)

78. Under the Child Abuse and Neglect Act, sections 501-512, persons attending, teaching or treating children are required to report suspected cases of child abuse or neglect to the Chief of Police or the Secretary of Health.

79. In the Act, child abuse and neglect are defined as any acts or omissions of any person that have resulted in physical or psychological harm to a child

or which subject the child to any reasonably foreseeable, substantial risk of harm. The non-exclusive list of acts deemed to be abuse or neglect is long and includes injury, malnutrition, failure to thrive, sexual contact or other forms of sexual exploitation.

80. The Act also provides (a) for training those responsible for making abuse and neglect reports; (b) for public education to prevent child abuse and neglect; (c) for the prevention and control of malnutrition; and (d) for counselling those found to have committed child abuse or neglect.

81. Persons who fail to report abuse or neglect are subject to a fine not exceeding $500. Persons found to have committed child abuse or neglect are subject to a fine not exceeding $2,000 and imprisonment not exceeding two years in addition to any other penalties under the Criminal Code.

82. The incidence of maltreatment of children in 1993 and 1994, as recorded by the Ministry of Health and Environment, was as follows:

	1993 Number	1993 Rate/1 000	1994 Number	1994 Rate/1 000
Cause:				
Malnutrition	156	5.000	174	5.330
Medical/child neglect	8	0.250	12	0.370
Physical abuse	3	0.100	10	0.310
Emotional child abuse	2	0.064	3	0.092
Child neglect/supervision	2	0.064	5	0.153
Child abuse/sexual	6	0.200	8	0.250
Total	177	5.600	212	6.500

83. The social factors that caused this abuse and neglect include households crowded with brothers and sisters, a large number of teenagers not in school, high unemployment, a high rate of teenage pregnancy, and alcohol abuse. To combat child abuse and neglect, the Human Services Division of the Ministry of Health and Environment provides counselling services for the parents and children. The Human Services Division also produces a weekly half-hour radio programme entitled "Home Is Where It Begins". This programme covers issues of child abuse, incest, suicide and alcoholism.

84. In 1992, the National Nutrition and Children's Council formed the Child Abuse and Neglect Task Force with representation from concerned ministries and NGOs, including the Ministry of Health and Environment, the Ministry of Social Services, the Prosecutor's Office, the National Department of Public Safety, local government police, religious leaders and traditional leaders. This committee is responsible for discussing and identifying measures to be taken when child abuse occurs. In rape cases, staff from the Ministry of Health and Environment visit the victim for counselling and when appropriate refer the matter to the Attorney-General for prosecution.

85. In August 1993, the Task Force helped organize and conduct a national conference on Marshallese children with special needs. The main objective of the conference was to increase public awareness of the status of children and to provide training to service providers of children with special needs.

86. Since 1985, the Ministry of Social Services, through the Family Food Production and Nutrition Education Project, has educated families on nutrition and food production for the prevention and control of malnutrition. From 1985 through 1994, 3,243 men, women and young people participated in the Project's training and workshops. The main objectives of the Project's activities are the following: to improve the nutrition of families, especially young children and mothers, through the production and consumption of home-grown nutritious foods; to promote the production of traditional and selected food crops in home gardens; and to diversify the household food base. Similar education and training activities have been provided by the Cooperative Research and Extension (CRE) of the College of Micronesia. The CRE has served 210 clients, of whom 25 per cent were elementary school students aged 6 to 11 and 15 per cent were high school students aged 13 to 18. In the long run, all these measures are expected to improve the nutrition of the children and to improve the availability of food at the household level. At the same time, continued urbanization and rapid population growth place more and more stress on limited resources.

87. The ill-treatment of children at school has not been an issue. The Marshall Islands is a relatively non-violent society. On the rare occasions that teachers mistreat students, school administrators counsel or terminate the teachers.

J. Periodic review of placement (art. 25)

88. As noted above, there are no foster homes or orphanages in the Marshall Islands, and there are no institutions that place children for adoption. Accordingly, there is no institutional placement of children to review.

VI. BASIC HEALTH AND WELFARE

A. Survival and development

89. As noted under section III.C, the Government's commitment to the survival and development of children is a constitutional mandate. Under article II, section 15, of the Constitution, the Government recognizes the right of the people to health care and the Government's obligation to take every step reasonable and necessary to provide such services. Once an infant is born, every protection of the law is extended to this individual, as are a full range of public services to promote the physical and mental development of the child. The health services that are provided will be described later in this section.

90. In addition to this constitutional mandate, the survival and development of children are also supported by tradition. The Marshallese infant receives extraordinary support from the traditional extended family, which represents a reservoir of experience in raising children and readily available assistance with child care. One of the greatest feasts of Marshallese tradition is the kamem, observed on the first birthday of a child. The ceremony has its origins in the pre-Contact era when few infants survived the first year of

life. The tradition has continued into the present-day, with the parents and grandparents of the child hosting large evening meals, sometimes with hundreds of guests.

91. This commitment to children, along with improved clinical care funded by the United States, has resulted in a dramatic increase in the number and percentage of children over the past 50 years. Since the close of the Second World War the population has increased fivefold, from 11,000 to over 55,000. Today, over 60 per cent of the population is 18 years of age or younger. Thus, a relatively small number of adults must support and supervise a far larger number of children.

92. The Marshall Islands recognizes that it does not have the resources to sustain this growth and provide adequate health care and educational services to its children. With successful family planning programmes, the growth rate has subsided from its high of 4.1 per cent in the 1980s to 3.6 per cent in the 1990s. Reducing the growth rate remains a goal of the Government.

93. Despite this very high growth rate, many foetuses are lost. In November and December of 1994, the Ministry of Health obtained extensive data about reproductive behaviour. A nationwide sampling was taken of the knowledge, attitudes and practices of 962 women between the ages of 15 and 49, the child-bearing years. At the time of the survey, 692 respondents (or 72 per cent) had living children and about 8.3 per cent of the women interviewed were pregnant. About a quarter of respondents (25.18 per cent) had experienced at least one miscarriage: about 11 per cent had had at least three and one in 50 women had had at least five.

94. While the Government does not prohibit foetal abortion, the practice is generally considered repugnant and is only infrequently performed. The Ministry of Health and Environment does not maintain data on the number of abortions performed by its personnel, and there is no data on abortions that may be performed by non-medical personnel. Abortions would be included in the incidence of miscarriage reported in the previous paragraph. Infanticide was practised as a means of population control in pre-Contact Marshallese society; this practice was stopped with the advent of the Christian faith.

B. Disabled children

95. Special health-care services for disabled or handicapped children and adults in the Marshall Islands were initiated in the 1960s in response to measles, smallpox and polio epidemics that struck the islands. A rehabilitation ward was established at the Majuro hospital to treat children with physical disabilities.

96. Currently, services for children with special health-care needs are administered by the Maternal and Child Health (MCH) programme area of the Ministry of Health and Environment. Marshallese children with the following conditions are served by the programme: cleft lip and palate, spina bifida, congenital dislocation of the hip, polydactyly, clubfoot, hydrocephalus, Down's syndrome, missing or deformed parts, cerebral palsy, polio, hearing problems, vision problems, developmental delay, mental retardation, heart problems, orthopaedic needs, burn victims and others.

97. The initial screening of children is performed by public health nurses at the Majuro and Ebeye hospitals and by health assistants at the outer island dispensaries, with direction and coordination provided by the MCH programme.

98. When visiting any health-care facility in the Marshall Islands, infants up to 18 months of age are screened for physical and mental development. The screening tool consists of a one-page questionnaire and a two-page written record of each examination. The recorded replies are derived from an examination of the baby and an interview with the mother or other care giver. The questions pertain to motor and sensory skills, the development of social, cognitive and language skills and any general concerns of either the mother or the examining health provider.

99. An annual grant to the Government from the Maternal and Child Health Bureau of the United States Public Health Service has been used to support the short-term services of specialized consultants to work with children identified as having special health-care needs. Specialists have been brought to the Marshall Islands to perform surgery on such children. The consultants in recent years have included such specialists as a plastic surgeon and a paediatric cardiologist. The MCH programme has also arranged and paid for overseas medical referrals for children requiring special medical attention. The Shriners Hospital in Honolulu has been the usual receiving hospital for these referrals.

100. In the identification of clients and provision of services to children with special needs, the Ministry of Health and Environment has worked closely with other agencies in the community through an inter-agency committee. In addition to officials of the MCH programme, the inter-agency committee consists of representatives of the Division of Human Services within the Health Ministry, which has responsibility for victims of child abuse and neglect; the Special Education and Head Start programmes within the Ministry of Education; the parents of children with special needs; the Division of Public Safety; local governments; and the Family Life Education Programme of the Ministry of Social Services.

101. The number of clients served by the programme in the past three years, categorized by health condition, are summarized in the table below. The 1992 figures represent the total number of MCH clients at that time, while the columns for 1993 and 1994 show the number of clients subsequently added to the programme.

102. It may be noted that the number of MCH clients has nearly doubled during the past three years. The most common conditions have been hearing problems and heart problems, which together accounted for approximately half of the clients in 1994.

Children with special health-care needs (up to 21 years)

Condition	1992 (base year)	1993 (new clients)	1994 (new clients)
Cleft lip and palate	8	5	2
Spina bifida	0	0	0
Congenital hip dislocation	0	0	2
Polydactyly	9	9	4
Clubfoot	1	2	2
Hydrocephalus	2	0	0
Down's syndrome	0	0	2
Missing or deformed part	1	0	0
Cerebral palsy	2	2	2
Polio	1	0	0
Hearing problems	25	5	16
Vision problems	6	5	6
Developmental delay	6	0	0
Mental retardation	2	0	0
Heart problems	17	4	13
Orthopaedic	5	2	3
Burns	10	1	1
Other conditions	1	0	0
Totals	96	35	53

103. Medical and rehabilitative services to children with special health-care needs are provided free of charge. There is, however, a need to improve the quality of local resources for developmentally delayed or handicapped children. The conversion of the Ministry of Health and Environment to a Primary Health Care service delivery model will enhance the screening and service provision for children with special health-care needs.

C. Health and health services

104. The Ministry of Health and Environment comprises five major divisions: the Bureau of Primary Health Care; the Bureau of Majuro Hospital Services; the Bureau of Kwajalein Atoll Health Care Services; the Bureau of Administration, Personnel and Finance; and the Bureau of Health Planning and Statistics.

105. The Bureau of Primary Health Care is responsible for all preventive and primary care programmes throughout the Marshall Islands. The Bureau is headed

by an Assistant Secretary and is organized into six divisions: (1) Public Health, which includes Maternal and Child Health and Immunization, Family Planning, Chronic Disease Control and Communicable Disease Prevention; (2) Health Education; (3) Youth and Adolescent Health; (4) Dental Services; (5) Human Services, which include programmes for social work, substance abuse prevention and vocational rehabilitation; and (6) the Outer Island Dispensary System.

106. The Ministry of Health and Environment provides nearly all health-care services throughout the Marshall Islands. Health services are administered through the two hospitals in the urban communities of Majuro and Ebeye and 60 dispensary sites in the outer islands.

107. In fiscal year 1995, the Government allotted $6.7 million for health services, almost 8 per cent of the national budget. This sum included a two-year block grant of $241,036 for maternal and child care, $226,694 for immunization, and $194,000 for family planning.

108. Both of the urban centres - Majuro and Ebeye - are served by a hospital with adjacent preventive services facilities, including public health. The Majuro hospital is an 80-bed facility constructed in 1986. It serves as the central referral facility for the Marshall Islands. Ebeye hospital, designed as a 25-bed facility, has 30 to 50 beds serving Ebeye Island and the islands surrounding Kwajalein Atoll. Both centres offer a full range of preventive and primary care services and basic secondary care services. In 1993, the Majuro hospital had 2,960 inpatients and 58,657 outpatient visits. However, there is a critical shortage of trained medical personnel. Currently, many health-care providers deliver services beyond their level of experience and training. Specialized care services are available only through costly overseas referrals to Hawaii and the Philippines.

109. The Ministry of Health and Environment presently employs 21 primary care physicians: 9 at the Majuro hospital, 10 at the Ebeye hospital and 2 in the national Bureau of Primary Health Care Services. In addition, the Ministry employs two physicians for the people of the Marshall Islands who were most directly affected by the United States Nuclear Testing Programme. At the present time, there is only one private physician in the Marshall Islands. As for dental professionals, the Ministry employs three dentists: two at Majuro and one at Ebeye. There are no private dentists in the Marshall Islands. The Ministry currently does not employ a registered dietician. A dietician is being recruited for the Bureau of Primary Health Care.

110. Outer island communities are provided medical care services by community health workers based at the local dispensaries. Only the most rudimentary primary health-care services are available. The dispensaries are staffed by health assistants, predominantly male, who have had limited formal training. The health assistants are members of the community who have been selected for training by the community councils. Most are high school graduates with 18 months of training in emergency medical care, treatment of common illnesses, and primary health care. Ongoing continuing education is provided yearly by bringing the health assistants into Majuro for a 30-day retraining period. The outer island dispensary system is designed as a triage system whereby the health assistant has 24-hour access to a physician for

consultation in emergency or difficult cases. Due to a shortage of trained health assistants, not all of the 60 dispensary sites are staffed: currently, two sites are not staffed.

111. In addition to the health workers, many communities have traditional birth attendants (TBAs), mainly older Marshallese women who have received training in the traditional art of birthing from their mothers or grandmothers. The Health Ministry has launched an effort to train the TBAs in modern medical approaches to childbirth.

112. While the Ministry of Health and Environment has achieved considerable progress in extending services to residents of the outer islands, many outer island dispensary sites operate without the full range of primary health-care services. The remoteness and small populations of the outer islands make it expensive and difficult to provide and supervise health-care services.

113. The Marshall Islands is entering a critical period in the development of its health-care system. Increasing pressures are placed on the health system by a high rate of population growth and the prospect of diminished health funding.

114. While financial support is largely directed towards hospital-based curative services, many major causes of morbidity and mortality remain largely unattended. The infant mortality rate remains high due to malnutrition, respiratory infection and diarrhoeal disease. There is widespread vitamin A deficiency in children. Adult mortality rates are high because of such lifestyle diseases as diabetes, hypertension, stroke and myocardial infarction. A sizeable portion of the Marshallese public is affected by alcohol abuse. High rates of STDs render the population vulnerable to AIDS.

115. Interventions indicated for priority attention include: community-based primary health care; population policy and family planning; improved care for mothers and children; and lifestyle changes, especially relating to diet and alcohol consumption.

116. The Government has adopted the primary health-care approach to health-care delivery. This has led to such measures as greater attention to the outer island dispensary system. Full implementation of primary health care is taking place under the current Health and Population Project with the financial support of the Asian Development Bank. The Project will seek to devise a health-care system that is affordable and appropriate for the island nation. By improving prevention and screening, the Project will seek to diminish the proportion of health funding devoted to hospital-based services and costly overseas medical referrals for specialized care.

117. One of the primary health-care objectives of the Health and Population Project will be to ensure that Marshallese children have adequate nutrition and safe drinking water supplies.

118. Also, one of the greatest health-care needs of the Marshall Islands is to develop trained personnel at all levels, especially Marshallese physicians. There is also a need to increase the number of women in health careers to improve the access of women to health care.

119. Maternal and child health programmes and services. The largest division within the Bureau of Primary Health Care is the Division of Public Health. This division operates six major programmes, including the MCH programme mentioned earlier.

120. The MCH programme provides and coordinates a broad range of preventive and primary health-care services for all mothers, infants and children and coordinates comprehensive services for those children with special health-care needs. Due to the relatively small population of the Marshall Islands, the MCH programme is also the primary provider of services to its target populations. Few other programmes of assistance are available to mothers, infants, children, and children with special health needs. The MCH services include prenatal care, with special high-risk prenatal clinics; post-partum care; well child care, including immunization; high-risk paediatric clinics; school health programmes; coordination of family planning services; and the provision or coordination of care for children with special health-care needs. No fees are charged for any of these services.

121. Improvements planned in MCH services. To increase the well-being of mothers and children throughout the nation, the Marshall Islands MCH programme will be taking measures to:

(a) Increase the proportion of pregnant women receiving prenatal care in the first trimester;

(b) Decrease the infant mortality rate;

(c) Decrease the incidence of anaemia in women of child-bearing age;

(d) Decrease the teenage pregnancy rate;

(e) Increase the immunization rate for one-year-olds;

(f) Increase the proportion of children under five years of age receiving paediatric growth monitoring; and

(g) Increase the proportion of mothers bringing their children to well child clinics who receive nutrition education.

122. To achieve these ends, the MCH office in Majuro will improve its present systems of record-keeping, project-monitoring and delivery of services to all service delivery areas within the nation.

123. Financial access to care. Every citizen who is resident in the Marshall Islands is covered under the national health-care programme. Non-citizens residing in the Marshall Islands may also enrol. Under the programme, patients are charged a nominal $2.00 co-payment fee for each visit or admission to Majuro or Ebeye hospital.

124. Non-citizens not enrolled in the national health-care system are charged average recovery cost amounts of $17.00 for a visit to an outpatient clinic and $115.00 for each day of hospitalization.

125. Patients at the outer island dispensaries are charged $0.50 per visit and $5.00 for the delivery of a child. However, the people are treated even

if they do not pay. Currently, the fees that dispensaries collect are forwarded to the Ministry's Health Care Revenue Fund in Majuro. By January 1997, the Ministry plans to develop a procedure by which community health committees collect and retain user fees for dispensary services.

126. Under the national health-care system, patient fees collected at the two urban hospitals are deposited in a Revenue Fund supporting the costs of health care. A much larger contribution is made to the Social Security Health Fund. All employed persons in the Marshall Islands contribute 2.5 per cent of the first $20,000 of their gross salaries to the Social Security Health Fund, with a matching amount contributed by the employer. This fund operates in part as a health insurance system (paying for overseas medical referrals, including travel, accommodation and associated expenses for the patient and, when necessary, medical and family escorts) and in part as a general health-funding mechanism (providing pharmaceuticals, medical and laboratory supplies, equipment and training for medical staff). The Revenue Fund and the Social Security Health Fund are administered by the Marshall Islands Social Security Administration under the direction of a board of directors chaired by the Minister of Health and Environment.

127. Health status of children. Collecting and collating data from a variety of sources, the Bureau of Health Planning and Statistics within the Health Ministry assembled the data on the health status of children. The principal sources of these data were the Marshall Islands MCH programme, the monthly reports of mortality and morbidity from the hospitals and dispensaries and extrapolations of population growth from the 1988 national census. The principal conclusions to be drawn from the data collected are summarized in the following paragraphs.

128. The proportion of pregnant women who received prenatal care during the first trimester apparently declined from about four fifths in 1993 to one third in 1994. The Ministry of Health and Environment does not have an explanation for the decline; however, it may in part be due to under-reporting.

129. Of the women of child-bearing age, 77.4 per cent have heard of family planning and 36.7 per cent are using at least one method of birth control, of whom 45 per cent have had tubal ligations.

130. An HIV-infected Marshallese women gave birth to an infant in 1995, the first such incident recorded.

131. Twenty per cent of live births in the Marshall Islands in 1994 occurred to teenage women. The same teenage pregnancy rate occurred in 1993, when the 20 per cent rate represented a reduction from the 22 per cent rate in 1992. There was a slight increase in pregnancies among girls younger than 15 years of age.

132. No maternal mortality was reported in the three-year period under examination (1992-1994).

133. In 1994 there was a slight decline in the proportion of births occurring in a hospital, from 86 per cent in 1993 to 78 per cent in 1994.

134. The percentage of infants with low birthweight declined marginally in 1994 to 14.4 per cent from 14.5 per cent in 1993. The percentage of infants with very low birth weight declined to below 1 per cent. In 1989 and 1990 the percentages of infants with low birth weight were 8.83 and 10.90, respectively. The difference in these percentages from the 1993-1994 figures may reflect better reporting.

135. The apparent foetal death rate rose from 6 per 1,000 in 1993 to 14.43 per 1,000 in 1994. However, the Ministry believes the increase reflects improved reporting of live births versus foetal deaths.

136. The infant mortality rate declined from 32 per 1,000 in 1992 to 24 per 1,000 in 1994. (The infant mortality rates of recent years show improvement over the health conditions reported in the 1988 census, which showed an infant mortality rate of 63 per 1,000 and was based on 1986 data on the health of infants. An estimated average infant mortality rate for the five-year period 1989-1993 has been determined to be 28.63 per 1,000. It may be assumed that the infant deaths have been significantly under-reported. From the extensive data of the 1988 census, the Office of Planning and Statistics calculated that 57 per cent of adult deaths - and, by implication, other vital statistics - in the Marshall Islands had gone unreported. If the 1989-1993 average infant mortality rate were corrected by the 57 per cent factor, the rate would be approximately 50.22 per 1,000. Even with this adjustment, the average of the past five years represents a significant decrease in the 63 per 1,000 infant mortality rate of the mid-1980s. This 20.3 per cent decrease in infant mortality may be attributed to improved health programmes for mothers and their babies.)

137. The rate of neonatal mortality (i.e. for children less than three weeks old) rose from 16 to 20 per 1,000 from 1993 to 1994, while the post-neonatal mortality rate dropped from 8 to 4 per 1,000.

138. In 1994, 32 infants less than one year of age died. The causes of their mortality, in order of prevalence, were sepsis (10), prematurity (9), birth complications (4), haemorrhagic disease of the newborn (3), dehydration secondary to diarrhoea (3), congenital abnormality (2) and pneumonia (1).

139. The leading causes of morbidity in children less than five years old (11,353 in number) were all preventable conditions. In order of prevalence, these illnesses were respiratory problems (246/1,000), gastrointestinal problems (38/1,000), ear infection (10/1,000), sickness related to nutrition (9/1,000) and skin diseases (9/1,000).

140. The leading causes of morbidity in older children ages 5 through 15 (18,441 in number) were also largely preventable. In order of the number of cases, they were gastrointestinal problems (54/1,000), respiratory disease (44/1,000), skin infection (33/1,000), injury (20/1,000) and ear and mastoid problems (19/1,000).

141. Although improved over 1993, the 1994 rates of immunization coverage in infants in the first 12 months of life are still unsatisfactory, e.g. MMR1 59 per cent, DPT3 67 per cent, OPV3 62 per cent, HBV3 46 per cent and BCG 96 per cent.

142. Two deaths related to tuberculosis were the only vaccine-preventable deaths that occurred in the Marshall Islands in 1994.

143. Dental examinations of schoolchildren in 1994 in the 6-8 and 14-15 age cohorts revealed high rates of tooth decay: 77.4 per cent and 85.7 per cent respectively. Comparable data do not exist for previous years.

144. Six Marshallese children died in 1994 from accidental injuries, twice as many as in 1993.

145. The rate of severe malnutrition in children (ages 1-19) increased from 91 (3.03/1,000) in 1993 to 126 (4.02/1,000) in 1994.

146. The proportion of children (ages 1-19) with tuberculosis increased from 0.9 per 1,000 in 1993 to 1.2 per 1,000 in 1994.

147. The Health Ministry possesses no meaningful data on the incidence of hepatitis B in children or adults during the three-year period 1992-1994.

148. The incidence of chronic otitis media in Marshallese children was found to be 46 per 1,000 in 1994. No data are available for earlier years on this condition of the middle ear.

149. Further indicators of health status are found in the National Nutrition Survey of 1991, which showed that 30 per cent of pre-school children suffered from moderate to severe malnutrition of whom some 24 per cent exhibited stunted growth indicating long-term and continuous malnutrition. In addition, iron deficiency anaemia, blindness from vitamin A deficiency and kwashiorkor were reported as commonplace. Nationwide, 4 per cent of pre-school children had signs and symptoms of vitamin A deficiency requiring immediate supplementation. In Majuro 8 per cent of the children were found to suffer from severe vitamin A deficiency, 46 per cent from moderate deficiency, and 37 per cent from slight deficiency.

D. Harmful traditional practices

150. There are no harmful traditional practices currently observed in the Marshall Islands.

E. Social security/child-care services and facilities

151. Social security. For nearly three decades, workers in the Marshall Islands and their immediate families have benefited from a social security insurance system financed by payroll deductions of salaried employees and quarterly contributions from employers. The programme is administered by the Marshall Islands Social Security Administration.

152. Retirement benefits are paid to every person who has 40 covered quarters, has attained age 60, has filed an application for retirement benefits, and does not earn more than a specified amount. Benefits are also paid to surviving spouses of deceased workers, as long as they do not remarry or earn more than a specific amount. Surviving children who are not married and not earning more than the specified limit also may receive benefits until age 18 or, if in school, up until age 22. Eligible children who become disabled before age 22 will continue to receive benefits for the duration of

the disability. Disability benefits are paid to qualified workers for the duration of the disability or until retirement or death at which time retirement or survivor benefits become available. Benefits are also paid to surviving parents.

153. Effective January 1989, benefits were paid monthly and were computed upon an annual basis of 16.5 per cent of the first $11,000 of cumulative covered earnings, plus 2.7 per cent of the next $33,000 and 1.35 per cent of any earnings in excess of $44,000. The minimum benefit is $116.00 per month.

154. Contributions to the Fund are governed by the Marshall Islands Social Security Act of 1987. The percentage of an employee's income taxed for social security has increased during the past decade. Prior to 1 July 1990, the rate was 3 per cent. From 1 July 1990 until 30 June 1995, the rate stood at 5 per cent. The current rate is 6 per cent. The maximum quarterly taxable wages is $5,000. Every employer is required to contribute an amount equal to that contributed by employees.

155. The Marshall Islands Social Security System succeeded the Trust Territory Social Security Retirement System, which was established on 1 July 1968 by the Government of the Trust Territory of the Pacific Islands to serve the residents of the Caroline, Mariana and Marshall Islands. As of January 1996, the Marshall Islands system had paid over $418,000 monthly to over 2,000 workers or their survivors. The number of beneficiaries is projected to increase by 900 in 1996.

156. Child-care services and facilities. The Marshall Islands does not require that child-care services be provided to working parents. Nevertheless, child-care services are generally available. Commercial child-care facilities, including after-hours supervision at private schools, have operated at both Majuro and Ebeye. However, most child-care needs are met by the traditional Marshallese extended family. While only a small percentage of mothers of young children are employed as wage earners, child care in these situations is usually provided by a grandmother, aunt or sister of the child in need of such care. The extended family also provides child care for mothers attending high school, college or professional training, including training overseas.

F. Standard of living

157. According to the Office of Planning and Statistics, the Marshall Islands has a per capita nominal gross domestic product (GDP) of approximately $1,400-$1,600. Looking at these figures, one might tend to conclude that the Marshall Islands has a fairly high standard of living as compared with other developing countries. This perception is incorrect. The relatively high per capita GDP in the Marshall Islands is due to a large inflow of foreign aid from the United States under the Compact of Free Association. Such aid contributes nearly two thirds of government expenditure and nearly 60 per cent of GDP. In 2001, the United States assistance under the Compact is due to end. Various estimates, including those of the Asian Development Bank, indicate that without aid from the United States, the per capita GDP would fall to a range of about $200-$600.

158. In addition to this impending loss of aid, the country's population is growing at over 3.6 per cent per annum. The country's own economic base for

establishing a process of self-sustaining growth is weak. The economy is characterized by a small land area of 70.5 square miles, poor, porous coral soil, remoteness from world markets, a severe shortage of human resource skills, as well as a shortage of entrepreneurship and capital funds.

159. If one were to measure the country's standard of living in terms of the real value of the per capita GDP, one would find the standard to be low. In the case of many developing countries it has been recognized by the United Nations that the use of the official exchange rates between the United States dollar and the currencies of those countries results in artificially and significantly underestimating their per capital GDP. Hence the United Nations International Comparison Project has developed measures of real GDP on an internationally comparable scale using the purchasing power parities instead of official exchange rates as conversion factors (Human Development Report, 1990). The resulting figures showed a significant increase in the real per capita GDP figures of these developing countries (not the Marshall Islands). This was a reflection of the fact that in those countries many goods and services are domestically produced at absolute price levels much lower than in developed countries such as the United States.

160. The situation in the Marshall Islands is exactly the opposite. Most goods and services consumed in the Marshalls are produced in the United States. The Office of Planning and Statistics believes the purchasing power of the per capita GDP in Marshall Islands should be measured by using the absolute price level in the United States. This will actually deflate the purchasing power of the Marshall Islands' per capita GDP rather than increase it. There is no easy way of doing this. However, a rough measure offered by the Office of Planning and Statistics would be to ask in what income bracket would one fall in the United States with a per capita income of $1,400 to $1,600 per year. Considering that in 1990 the per capita income of the United States was $20,190, the answer to the above question would be in the lowest (poorest) income bracket. Even if one takes into account the fact that most Marshallese do not pay rent in the form of cash, and most Marshallese can supplement their incomes with subsistence activities, their per capita income would still place them in the poorest income bracket.

161. The low standard of living in the Marshall Islands is also borne out by other indicators. A recent World Bank study on the health situation in the Marshalls says that although the nominal per capita GDP is relatively high because of the inflow of United States economic aid, the health situation does not resemble that in countries of comparable average income. It noted, for instance, that the 1988 census indicated a relatively high infant mortality level at 63 per 1,000 live births and a low life expectancy of 59.6 years for males and 62.6 years for females. In fact, based on the data given in the Human Development Report, 1990 it appears that the average life expectancy in the Marshall Islands is only slightly above the average for all developing countries and not much above the average for all least developed countries.

162. According to the 1991 National Nutrition Survey, 17 per cent of the deaths among young children under the age of six are due to malnutrition. Among adults most causes of death are due to lifestyle factors arising from the consumption of, among other things, sugar and junk foods. A 1987 UNICEF report on Marshallese children observed as follows: "it is certain there are a significant number of families, particularly urban families, who cannot

afford a nutritious diet since urban food production is extremely limited and nutritious foods in stores are prohibitively expensive to all but high wage earners".

163. No reliable figures are available on income distribution in the Marshall Islands. A two-week survey indicates that the highest income-earning 22 per cent of families had a per capita income of $1,248 per year as compared with only $208 for the lowest 22 per cent of households. The 1991 Household Income and Expenditure Survey done by the Office of Planning and Statistics showed that the per capita income per annum of the lowest 20 per cent of households in Majuro was $843 as compared with $3,121 for the highest 20 per cent. The survey indicated that 56 per cent of the total income went to the lowest 80 per cent of income earners and the remaining 44 per cent went to the highest 20 per cent of income receivers.

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

A. Education

164. As noted under section III.C, article II, section 15, of the Constitution recognizes the right of the people to education and the Government's obligation to take every step reasonable and necessary to provide such services. To this end, the Government has enacted a comprehensive education code, the Education Act. The Education Act, in part, states:

> "[The Government is] to provide a thorough and efficient system of education, to provide all children in the Republic, regardless of socio-economic status, handicap, or geographical location, the educational opportunity that will prepare them to develop into self-reliant individuals and to function socially, politically and economically in society."
>
> "Attendance at a public or non-public elementary school shall be compulsory for all school aged children between the ages of 6 and 14."
>
> "Any parent, guardian, or other person having the responsibility for or care of a child whose attendance at school is obligatory shall send the child to school."
>
> "... [A]ny parent, guardian, or other person having custody of a child who is found delinquent and placed on probation may be subject to the penalties provided under Section 308 of the Juvenile Procedure Act ..."

165. To educate the children as called for in the Constitution and the Education Act, the Government in fiscal year 1995 budgeted approximately $12,375,000, over 14 per cent of its revenues, for education. This allocation was the highest of any other ministry or subsidized agency. Unfortunately, too large a portion of the budget was spent for personnel: 75 per cent was spent on personnel while only 3 per cent was allocated to public elementary education for other than personnel costs and less than 1 per cent was allocated to public secondary education for other than personnel costs. The remaining 21 per cent went to scholarships, central administration and private schools (5 per cent). This allocation leaves the teachers with insufficient funds for the materials and supplies they need to do their jobs well.

166. In addition to the budget allocation for elementary schools, public elementary students on Majuro and Kwajalein pay an annual registration fee of $10. These monies are to be used as "petty cash" to purchase supplies needed at the individual schools. Outer island elementary schools are free of any charges.

167. In addition to the budget allocation for secondary schools, the public high school students pay an annual registration fee of $20 and the private high school students pay tuition fees ranging from $35 to $315 per quarter. The registration fees collected by the public high schools are used for supplies and equipment.

1. Elementary education

168. Public and private schools. In the 1994/95 school year, 13,355 students enrolled in public or private elementary schools. Enrolment is up by over 1,550 students since 1991/92. A total of 76 public elementary schools account for about 73 per cent of the elementary-level students with the private schools accounting for the remaining 27 per cent. The private elementary schools include 10 operated by the United Church of Christ, 6 by the Catholic Church, 4 by the Assembly of God, 8 by the Seventh Day Adventists, and 2 non-religious schools (one on Majuro and another on Ebeye).

169. In the 1994/95 school year, actual enrolment for private and public elementary schools was as follows:

Public school:	Boys - 5,044	Girls - 4,705	Total - 9,749
Private school:	Boys - 1,807	Girls - 1,799	Total - 3,606

170. It has been estimated that in 1992, 78 per cent of the elementary school-aged children attended classes. This means that approximately 3,000 children aged 6-14 did not attend school.

171. In addition to the elementary school system, the Marshall Islands Head Start Programme serves 1,200 five-year-olds. This programme receives a special grant from the United States and operates from 38 centres with 63 classrooms and teachers throughout the Marshall Islands. There are also a few private pre-schools operating in Majuro and Ebeye.

172. Constraints. For Majuro and Ebeye the major constraint for the elementary schools is the high density of the school-age population. Majuro and Ebeye attempt to accommodate high enrolments with split sessions and fewer student contact hours. However, large classes, crowded classrooms, reduced contact hours and low teacher morale account for the low achievement and high drop-out rates among elementary students. For each cohort beginning the first grade approximately 30 per cent will drop out before the seventh grade. Sixty per cent will drop out before the ninth grade and about 33 per cent will complete high school.

173. The problems experienced by students and schools in the outer atolls, though different and due primarily to their remote locations and small size and numbers, are very serious too. These schools are cut off by extremely limited communication and transportation and have been attenuated by the exodus of children over six years of age to urban centres. Also, outer island

schools have multi-grade classes, little supervision and discipline, and poor logistical support. Often, these schools suffer from an inefficient dispersion of teachers, particularly in the remotest areas.

174. Another constraint for the elementary schools is the level of training among teachers. Of the 346 public school elementary teachers, 52 per cent have not completed an associate degree for teaching certification. While the Ministry of Education and the College of the Marshall Islands (CMI) are making efforts to improve the qualifications of teachers, it will be some time before all the teachers are degree-holders. Programmes for increasing the number of college gradates in the teaching ranks include sabbaticals and in-service time for elementary and secondary school teachers to attend CMI and the University of Guam. Since 1993, over 200 teachers have participated in these programmes, producing a total of 41 graduates: 10 baccalaureate and 31 associate degrees.

175. Using resources from an Asian Development Bank (ADB) loan, the Ministry of Education has begun to restructure the elementary curriculum. During the past year the Ministry has developed standards and content concerning what elementary students should know, be able to do, and care about. This curriculum is being developed to build an appreciation of the Marshallese traditions and culture and current environmental and health issues. Additionally, the ADB project will assist with the construction of water catchments and toilet facilities for the elementary schools. Catchments and toilets for Majuro have been completed, and work continues on approximately 50 outer islands schools.

2. Secondary education

176. Policy. It is the Government's policy to make secondary education (i.e. grades 9 through 12) available to students who reach the age of 14 years and have graduated from elementary school. However, student access to secondary schooling is very low. Only 2,400 secondary school-aged children (15-19 years of age) out of a total of 6,179 were enrolled in the 1994/95 academic year. This was only 38.7 per cent of the age group; females consisted of 1,221 enrollees (51 per cent) and males numbered 1,179 (49 per cent). The remaining secondary school-aged children, 61.3 per cent of those in the 15-19 age group, were not in school.

177. As stated in the Second Five-Year Development Plan, an objective of the Government is to have public high schools provide a general education with an emphasis on vocational training. In the 1994/95 school year, approximately 98 per cent of the students were enrolled in vocational training, including agricultural, woodworking, small engine repair, construction trades, home economics, drafting, electricity and clerical work.

178. Public and private schools. There are two public secondary schools in the Marshall Islands and 10 private secondary schools. These schools have a total enrolment of 2,400:

Public high schools:	Boys - 477	Girls - 520	Total - 997
Private high schools:	Boys - 702	Girls - 701	Total - 1,403

179. Of the two public high schools, one is located in Majuro and the other on the atoll of Jaluit. Approximately 250 students attend Jaluit High School

with the remaining 647 students attending Marshall Islands High School in Majuro. A third public high school is under construction on Wotje Atoll.

180. To qualify for public secondary school, incoming ninth graders must score above a certain level on an entrance test. However, many incoming ninth graders read at only a third grade level. Currently, the Ministry of Education is working towards a common curriculum for the two public high schools.

181. The private secondary schools are located on Majuro, Ailinglaplap and Kwajalein Atolls. Of the 12 secondary schools, only one, Assumption High School in Majuro, is accredited. Marshall Islands High School in Majuro has conducted a self-study and submitted a report for the 1994/95 school year to the Western Association of Schools and Colleges in the hopes of obtaining accreditation. However, it was unsuccessful. Of the 12 secondary schools, one is operated by the United Church of Christ, 2 by the Catholic Church, 2 by the Assembly of God and 2 by the Seventh Day Adventists.

182. Between 1993 and 1995 graduation rates for girls varied from 51 to 52 per cent; over the same period 53 to 64 per cent of boys graduated from secondary school. This means that slightly more than half (52 per cent) of the girls that entered ninth grade made it through grade 12. For boys, 58 per cent completed grade 12.

183. As with elementary education, a major constraint for secondary education is the lack of qualified teachers. Of the 300 secondary education teachers, 30 per cent have not completed the Associate degree for full teaching certification.

B. Handicapped students

184. The Education Act also establishes the legal framework for supplementary services to handicapped children. The target population and services are defined as follows:

> "'Handicapped child' includes any person under 21 years of age who, because of visual, auditory, language, behavioural, physical or other health programmes or any other conditions, as determined by the Ministry [of Education], ... cannot function in a normal school environment without assistance."
>
> "'Special education' means instructional or other services necessary to assist handicapped children in taking advantage of or responding to educational programmes and opportunities."

185. Under the mandate of the Education Act, the Ministry's Special Education Programme prepares a written individualized education programme for each child referred for assistance. A child is determined to be eligible for participation in the programme through a multidisciplinary assessment. The plan, developed with parental participation, indicates the child's specific educational needs, the goals and educational objectives to be pursued during the plan's time period, the instructional and related services to be provided by the school, and a strategy for evaluating whether the child has attained the educational objective. Related services are provided to enable the student to benefit from the special education.

186. The number of disabled children and youth identified and served by the Special Education Programme in recent years is summarized below:

Special education clients

School year	Referrals	Eligible	Served
1991-92	130	130	130
1992-93	324	204	204
1993-94	811	660	550
1994-95	990	793	793

187. During this four-year period, nearly every child sufficiently handicapped to qualify for special education services was served by the programme. The programme serves a clientele between the ages of 4 and 21. In the 1993/94 school year, approximately 2 per cent of the children and youth in this age group were served by the programme; in 1994/95 nearly 3 per cent of the age group received service.

188. At this time, there are Special Education outlets on every island and atoll in the Marshalls. Also planned for the future are 28 outer island learning centres. These centres will be outfitted with solar power units and audiovisual equipment along with appropriate teaching materials for special education.

189. The goal of special education is consistent with the overriding goal for the Ministry of Education: to assist students to become independent learners, self-reliant, productive and responsible citizens.

190. The major constraints for the Special Education Programme consists mainly of logistical problems. In particular, the remoteness of many outer islands makes it extremely difficult to plan for and ship supplies. Also, with so many outer island centres, proper supervision is difficult to establish and sustain. As with secondary and elementary education, staffing the Special Education centres with qualified personnel is a problem.

C. Leisure and recreation

191. Sports and recreation-related activities are coordinated by the Sports and Recreation Division of the Ministry of Social Services. The basic mission of the Division is to plan, organize, facilitate and coordinate competitive sports and recreational activities in the Marshall Islands.

192. Great attention is given to organized sports activities for youth. The Majuro Atoll local government and the Ministry of Social Services sponsor a junior basketball league (375 boys in 1994), a junior volleyball league (450 girls in 1994), and basketball and volleyball leagues for high school students (265 in 1994). The national government police force and the Ministry of Social Services are also involved in sponsoring little league baseball (400 from 9 to 12 years old in 1994). Additionally, the Ministry is involved in community-level sports activities including softball league (200 in 1994) and basketball league (300 in 1994) and track and field competitions for boys and girls below 18 years of age (500 in 1994).

193. Sports facilities have been constructed by different agencies and NGOs. In Majuro, the local government has constructed several lighted basketball/volleyball courts. Also in Majuro, the Ministry of Social Services maintains a lighted tennis court, and there are two private courts. On Ebeye, the Kwajalein Atoll Development Authority, a statutory corporation, has constructed a tennis court and basketball court. On the outer islands of Arno, Maloelap, Kili and Enewetak, the communities have constructed basketball/volleyball courts with financial assistance from community development grants.

D. Cultural activities

194. As noted in section IV.D of this report, a number of publications have been printed to promote the Marshallese language and customs. In addition to these publications, Marshallese language and culture are studied in the schools. At the elementary school level Marshallese is taught in grades 1 through 8, as is social studies. The social studies courses include the histories of the Marshall Islands and other Micronesian islands, as well as world history. At the secondary school level instruction is also given in the Marshallese language and culture. At the college level, the College of the Marshall Islands has a Marshallese studies programme and instruction in Marshallese orthography.

VIII. SPECIAL PROTECTION MEASURES

A. Children in situations of emergency

1. Refugee children (art. 22)

195. As noted earlier, there are no refugee children in the Marshall Islands.

2. Children in armed conflict (art. 38), including physical and psychological recovery and social reintegration (art. 39)

196. As noted earlier, there are no children in the Marshall Islands who have been displaced by armed conflict.

B. Children in conflict with the law

1. Administration of juvenile justice (art.40)

197. Under the Juvenile Procedure Act, section 302, the courts adopt flexible procedures in the administration of juvenile cases, including obtaining welfare or probation reports prior to hearings; holding hearings informally in closed sessions; questioning parents; and releasing children into the custody of their parents.

198. In addition to these procedures, article II of the Constitution provides children with the full range of the internationally recognized rights for persons accused of committing offences, including the following: freedom from unreasonable search and seizure; due process; the presumption of innocence; conviction only on proof beyond a reasonable doubt; reasonable bail; notice of the charges; a speedy public trial; adequate facilities for defence; legal assistance; compulsory process for obtaining witnesses; the right to a jury

trial where the punishment can be three years' imprisonment or more; the right to remain silent; freedom from coercive interrogation; freedom from double jeopardy; freedom from cruel and unusual punishment; habeas corpus; freedom from ex post facto punishment or bills of attainder; the right to personal autonomy and privacy; and the right to judicial process including appeal.

199. Over the past three years, there hae been over 200 juvenile cases. Most cases involve multiple defendants, so the number of juveniles charged with offences is much higher - as many as 400. The majority of cases involve misdemeanours such as breach of curfew, drunk and disorderly conduct, traffic violations, malicious mischief and simple assault. In about 95 per cent of the cases, the court finds the juveniles guilty.

2. Children deprived of liberty

200. This topic is covered in section II, paragraphs 21-24.

3. Sentencing of juveniles

201. This topic is also covered in section II, paragraphs 21-24.

4. Physical and psychological recovery and reintegration

202. The physical and psychological recovery and reintegration of juvenile delinquents has not been an issue. Detention in the Marshall Islands does not impose a barrier between the detainees and their families. The Marshall Islands with its limited land has only two small jails: one on Majuro and the other on Ebeye. Family members can have access to detainees at almost any hour of the day and night and often bring them food and clean clothes. On Sundays, local church groups go to the jails and pray with the detainees. Even when detained, juvenile offenders are not cut off from their families and the community.

203. Also, when juveniles are placed on probation or incarcerated, the courts will order the probation officer to determine whether the child can be enrolled in educational or training programmes. And in cases involving alcohol, the court will refer the child to the local Alcoholics Anonymous programme. However, as noted above, alcohol abuse is a serious problem that is not being adequately addressed.

C. Children in situations of exploitation (art. 39)

1. Economic exploitation, including child labour (art. 32)

204. This has not been an issue in the Marshall Islands - we have very little industry. Our major exports are copra and fish. Although commercial fishing is dangerous, most of the fish are caught by foreign fishing vessels manned by alien adults. Copra production, on the other hand, is not hazardous and is conducted only on an occasional basis.

2. Drug abuse (art. 33)

205. The use of drugs (i.e. marijuana and cocaine) is very limited and there is no evidence that children are being exploited in connection with drug use or trafficking.

3. Sexual exploitation/sexual abuse (art. 34)

206. Although the sexual abuse of children does occur, it is limited and there are no reported cases of child prostitution. During the past three years, there have been only two reported cases of the sexual exploitation of children, and these cases have involved expatriates.

4. Sale, trafficking and abduction of children (art. 35)

207. There have been no reported cases of the sale, trafficking or abduction of children. The Marshall Islands are still relatively isolated, and Marshallese families remain very caring and protective of their children.

D. Children belonging to minority or an indigenous group (art. 30)

208. As discussed above in section III.A, the question of minority or indigenous children does not arise because the vast majority of the population is indigenous Marshallese.